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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 501038.20524 (20076.56)	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Mail Stop: Commissioner For Patents, Alexandria, VA 22313 on <u>June 23, 2003</u> Signature <u>William H. Dippert</u> Typed or printed name <u>William H. Dippert</u>		In re Application of <u>Arthur E. Schwartz</u>	
		Application Number <u>09/770,603</u>	Filed <u>January 26, 2001</u>
		For <u>Intravascular Systems For Corporeal Cooling</u>	
		Group Art Unit <u>3739</u>	Examiner <u>Debra J. Ram</u>
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. <u>06/26/2003 DTESSEM1 00000110 09770603</u> <u>01 FC:2401</u> <u>160.00 OP</u> The fee for this Notice of Appeal is (37 CFR 1.17(b)) <u>\$ 320.00</u> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u>\$ 160.00</u> <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-1529</u> . I have enclosed a duplicate copy of this sheet. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____ <div style="text-align: right;"><u>William H. Dippert</u> Signature <u>William H. Dippert</u> Typed or printed name <u>June 23, 2003</u> Date</div> NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. <input type="checkbox"/> *Total of _____ forms are submitted.			

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